STATEMENT AND FEE TO:

Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

BAYFIELD COUNTY, WISCONSIN APPLICATION FOR PERMIT

Date Stamp (Received) A 0

 \bigcirc

ermit #:

4

75

Amount Paid:

10.3-14 10.3-14 1-03% 9-16-14

Zoring Day

Refund:

INSTRUCTIONS: No permits will be issued until all fees are paid. Checks are made payable to: Bayfield County Zoning Department.

Copy of Tax Statement V

If you recently purchased the property send your Recorded Deed

Date

Date

11-01-17

Owner(s){

A

WYCKS.

Secretarial Staff

FAILURE TO OBTAIN A PERMIT or STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTES and complete. I (we) acknowledge that I (we) ti(we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct according to the property and the property of all information I (we) and (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property always reasonable time for the purpose of inspection.

le Owners listed on the Deed All Owners must sign \underline{or} letter(s) of authorization must accompany this application)

(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Address to send permit

Same

 \mathcal{Q}

Mov e

Authorized Agen (If there are

Date of Approval: 9-14	Hold For Fees: 🕅 👙 🛣 🔲	Hold For Affidavit: X	Hold For TBA:	Signature of Inspector:
				see offidavit
	to be attached.)	1	Conditions Attach	_ ე ∷
cation (/)	Lakes Classification (Date of Re-Inspection:	Inspected by:	COMPOCA	-
(<i>R-1</i>	Zoning District			a.
□ No	Were Property Lines Represented by Owner Syves	Were	d Syes ONo	Was Parcel Legally Created Was Proposed Building Site Delineated
	Previously Granted by Variance (B.O.A.) ☐ Yes ☐ No	Previous		Granted by Variance (B.O.A.) Case #:
ired DXYes □No hed D2Yes □No	Mitigation Required Xyes INO Affidavit Required Mitigation Attached Xyes INO Affidavit Attached		□ Yes (Deed of Record) □ Yes (Fused/Contiguous, Lot(s)) ▼ Yes (OF + towofw ∩ No	Is Parcel a Sub-Standard Lot
		Permit Date: 10-3-14	Pen	40.00
		Reason for Denial:		Issuance Information (County Use Only) Permit Denied (Date):
M. G. C.		Expire One (1) Year from the Date to Family Dwelling: ALL Municipaling, Village, City, State or Federal ag	Il Land Use Permits Expi on Of New One & Two F The local Town, V	NOTICE: A For The Construction
sed site of the structure, or must be Privy (P), and Well (W).	one previously surveyed corner to the other previously surveyed comer, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of marked by a licensed surveyor at the owner's expense. (9) Stake or Wark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P	by the Department by use of a correcte New Construction, Septic Ta	sly surveyed corner, or verifiable se. pposed Location(s) of	one previously surveyed corner to the other previous marked by a licensed surveyor at the owner's expensional by a licensed surveyor at the owner's expensional by a licensed surveyor at the owner's expensional by a license by
easured must be visible from	ndary line from which the setback must be measured must be visible from one pr ninimum required setback, the boundary line from which the setback must be mr	num required setback, the boundary line pense. : than thirty (30) feet from the minimum	within ten (10) feet of the minit insed surveyor at the owner's ex more than ten (10) feet but less	arior to the placement or construction of a structure other previously surveyed corner or marked by a lice affect to the placement or construction of a structure
			1 1	Setback to Drain Field Setback to Privy (Portable, Composting)
70≠ Feet	Setback to Well	Feet		Setback to Septic Tank or Holding Tank
NA Feet	Elevation of Floodplain	Feet	Town Road	Setback from the East Lot Line
NA Feet	ick from Wetland		~~	Setback from the South Lot Line Setback from the South Lot Line
Wh Feet	Setback from the Bank or Bluff	Foot Feet		Setback from the North Lot line
	sck from the Biver Stream Creek	2001 Feet Setba		Setback from the Centerline of Platted Road
Measurement	Description	Measurement	M	Description
by the Planning & Zoning Dept.	Changes in plans must be approved by the P	nt)	Setbacks: (measured to the closest point)	(8) Setbacks: {measu
			(prior to continuing)	Please complete (1) – (7) above (prior to continuing)
		attachment	ر ا	
*	North (N) on Plot Plan (*) Driveway and (*) Frontage Road (Name Frontage Road) All Existing Structures on your Property (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P) (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond (*) Wetlands; or (*) Slopes over 20%	nt Plan th Plan (*) Frontage Road (Name ctures on your Property) Septic Tank (ST); (*) Drain I er; (*) Stream/Creek; or (*) r (*) Slopes over 20%		(2) Show / Indicate: (3) Show Location of (*): (4) Show: (5) Show: (6) Show any (*): (7) Show any (*):
	(for)	below. <u>Draw or Sketch your Property</u> (regardless of what you are applying for) (1) Show Location of: Proposed Construction	your Property (regard) Proposed Const	below: <u>Draw</u> or <u>Sketch</u> (1) Show Location of:

Town Rd E 900+ well X Tehnos court 854 Sphic 160+ Add His 75 OHWM bakeshore 3381

SUBMÍT: <u>COMPLÈTED</u> APPLICATION, TAX STATEMENT AND FEE TO: Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT
BAYFLELD COUNTY, WISCONSIN

Ž.

27 2014 CMEREBE date: Amount Paid:

mit #:

Refund:

XShoreland XIs Property/Land within 1000 feet of Lake, Pond or Flowage	Xis Property/Land within 300 feet of River, Stream (Ind. Intermittent) Creek or Landward side of Floodplain? If yes—continue →	Section 7 , Township T I N, Range 0	000	W\3 1/4, \(\bar{M}\) 1/4 Gov't Lat Lot(s) 2+3 Less N	Location Legal Description: (Use Tax Statement)		Authorized Agent: (Person Signing Application on behalf of Owner(s))	Contractor:	Address of Property:	Justin + Lianna Kaiser	TYPE OF PERMIT REQUESTED → □ LAND USE □ SANITARY	Checks are made payable to: Bayfield County 20ning Department. On NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.	INSTRUCTIONS: No permits will be issued until all fees are paid.
ke, Pond or Flowage Distance Structure is from Shoreline:	<u> </u>	Tron Kiver	Town of:	CSM Vol & Bage Lotts No. Bruchts No.	7.00.7.80.80	PIN: (23 digits)	Agent Phone: Agent Mailing Address (include City/State/Lip):	Contractor Phone: Plumber:	1000 River w1 54847	68880 Cty Huy A Iron River, WI 5484	ITARY ☐ PRIVY ☐ CONDITIONAL USE X SPECIAL USE Mailing Address: City/State/Zip:	•	Bayfiew co. Zoning Dept.
**	<u> </u>		Lot Size		Subdivision:	Recorded Document:	state/ZIp):				0	Į	Retuno:
<u>.</u>	Is Property in Are Wetlands oodplain Zone? Present?	F . ()	17 0100			Recorded Document: (i.e. Property Ownership)	Attached Yes No	VIA Authorization	218-348-4632	218-940-5504 Cell Phone:	Telephone:		

	Proposed Construction:	Title Chirchin						•	\$			material		Value at Time of Completion * include tonated time &
And the second s	uction:	residence of the commence of t	がるがらいろ	Property		Bun a Rusiness on	☐ Relocate (existing bldg)	Conversion		☐ Addition/Alteration	□ New Coustinction	n Description		Project
		r is relevant to it)		Foundation	Equiposion	□ No Basement	Basement	1 000	7-Story	1-Story + Lott	F (100)	1 _z Story		# of Stories and/or basement
	Length:	Length:							ت إ.	☐ Year Kound	Variable	☐ Seasonal		Use
						□ None		-}	u u	1	J	[] 		# of bedrooms
	Width: Height:	Width: Height:	I ROLL	None	☐ Compost Toilet	Portable (W/service conduct/		privy (Pit) or Vaulted (min 200 gallon)	Sanitary (Exists) specify type.	(1)	[(New) Sanitary Specify Type:	Municipal/City	: : : : : : : : : : : : : : : : : : : :	What Type of Sewer/Sanitary System Is on the property?
Callaro	76.							00 gallon)			_ □ Well		□ City	Water

□ Non-Shoreland

		Proposed Structure	Dimensions
Proposed use			×
	□ P	Principal Structure (first structure on property)	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
	_ 	Residence (i.e. cabin, hunting shack, etc.)	* >
		with Loft	< >
Residential Use	-	with a Porch	: *
		with (2 nd) Porch	×
	1	with a Deck	× ×
		with (2 nd) Deck	< >
Commercial Use	_	with Attached Garage	< >
		Bunkhouse w/ (□ sanitary, or □ sleeping quarters, or □ cooking & food prep facilities)	< >
		Mobile Home (manufactured date)	×
·		Addition/Alteration (specify)	× ;
☐ Municipal Use		Accessory Building (specify)	×
A CANADA PARTIE AND THE	Ы	Accessory Building Addition/Alteration (specify)	
Rec'd for Issuance			×
	×	Special Use: (explain) Itchby Farm	X
C		Conditional Use: (explain)	× ;
Springly Staff		Other: (explain)	

FAILURE TO OBTAIN A PERMIT or STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES

(we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection. Numer(s): Hastis Kalasis (if there are Nutriple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Authorized Agent:

Owner(s):

(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Date

Date

Attach
Copy of Tax Statement V
If you recently purchased the property send your Recorder

Address to send permit

d For TBA:	The same of the sa	et :	Date of Inspection: 7-23-14 Inspected by: M Condition(s):Town, Committee or Board Conditions Attached? Tyes TNo-	Inspection Record: Structures are exacting.	Was Proposed Building Site Delineated	ase#	ot	Permit #: 14 A29.2 Permit Date: 10 -	Issuance Information (County Use Only) Sanitary Number: Reason for Denial:	(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain Tield (DF), Holding NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use. For The Construction Of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The The Iocal Town, Village, City, State or Federal agencies may also require permits.	Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet for one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by marked by a licensed surveyor at the owner's expense.	Setback to Privy (Portable, Composting) Feet Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback.		Setback from the East Lot Line Feet	Setback from the North Lot Line Feet Setback from the South Lot Line Feet		Setback from the Centerline of Platted Road Feet	Description Measurement	(8) Setbacks: (measured to the closest point PORTER HAND)	Please complete (1) – (7) abo				ded p	ortion		prope	rte	Show any (*):	e: of (*):	Įĝ
Hold For Affidavit: X Hold For Fees:	Date of Approval:		(If No they need to be attached.)	Zoning District $(\mathcal{A}\mathcal{A})$ Lakes Classification $(\mathcal{A}\mathcal{A})$	Were Property Lines Represented by Owner Yes □ No □ N	Previously Granted by Variance (B.O.A.) ☐ Yes 冬 No Case #:	o Mitigation Required □ Yes ŚNo Affidavit Required □ Yes ŚNo O Mitigation Attached □ Yes ŚNo Affidavit Attached □ Yes ŚNo	·3·14	# of bedrooms: Sanitary Date:	ng Lank	The previously surveyed content of the structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from the previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be related to the proposed site of the proposed site of the proposed site of the structure, or must be related to the proposed site of the proposed site of the proposed site of the structure, or must be related to the proposed site of the propose	the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the	Setback to Well Feet	Elevation of Floodplain	Setback from Wetland 20% Slope Area on property Yes	Setback from the River, Stream, Creek Setback from the Bank or Bluff	Setback from the Lake (ordinary	Description Measurement	Changes in plans must be approved by the Planning & Zoning Dept.		CREEK	ord Atto	1 Bau	Fence m/Gara	ewan	- (tu	1 Hu	S. A. J. A.		North (N) on Plot Plan (*) Driveway and (*) Frontage Road (Name Frontage Road) (*) Briveway and (*) Frontage Road (Name Frontage Road) (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)	не аррупу (от)

☐ Is Property/Land within 1000 feet of Lake, Pond or Flowage If yescontinue	☐ Is Property/Land within 300 feet of River, Stream (ind. Intermittent) Creek or Landward side of Floodplain? If yes—continue —>	Section 28 , Township 47 N, Range 8	<u>SE</u> 1/4, <u>SW</u> 1/4 Gov't Lot Lot(s)	PROJECT LOCATION Legal Description: (Use Tax Statement)	Authorized Agent: (Person Signing Application on behalf of Owner(s))	HMNV Hudacel 218	65090 (o Hwy H	Property	Owner's Name:	TYPE OF PERMIT REQUESTED $-\!$	Decks are made payable to: Bayrield County Zoning Department. DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT	NSTRUCTIONS: No permits will be issued until all fees are paid.	Washburn, WI 54891 (715) 373-6138	Bayfield County Planning and Zoning Depart.	STATEMENT AND FEE TO:	1
ake, Pond or Flowage If yescontinue —	ver, Stream (incl. Intermittent) If yescontinue>	W Town of:	s) CSM Vol & Page	PIN: (23 digits) 04-624-2-47-08	Agent Phone: Ag	Sq3-0144	Fran River	City/State/Zip:	Mailing Address:	SANITARY D PRIVY D	O APPLICANT.	Baylishu Co. Zoning Dept.	Date \$60th (Received)	BAYFIELD COUNTY, WISCONSIN	APPLICATION FOR PERMIT	
Distance Structure is from Shoreline:	Distance Structure is from Shoreline:	Fron River	Lot(s) No. Block(s) No.	PIN: (23 digits) 04-034-2-47-08-38-304-000-4000 Poolume 1086	Agent Mailing Address (include City/State/Zip):	Plumber:	e WI 54847	11 / 1 / 1 / 10 / 10 / 10 / 10 / 10 / 1	City/State/Zip: 5484	☐ CONDITIONAL USE ☐ SPE			A constraint of the constraint		ERMIT (ENTERE)	
oreline : □ Yes feet ※ No	oreline : Is Property in feet Floodplain Zone?	Lot Size Acreage	Subdivision:	, in		Plumbe	7		7 1	☐ SPECIAL USE ☐ B.O.A. ☐		Refund:	Amount Paid: \$95 10-3-1	bate: 10-1)/4/2°	4
□ Yes No	Are Wetlands Present?	3.69		e. Property Ownership) Page(s) 389	Written Authorization Attached No	Plumber Phone:	W	Cell Phone:	Telephone: 2180	OTHER			10-3-14	,-14	37%	

If yes---continue

				AMARIA						Τ̈́
		×			The state of the s	(plain)	Other: (explain)			annere
		×	(Conditional Use: (explain)	Condition			
	_	×				Special Use: (explain)	Special U		Dec 0 101 199001119	
	-								Day'd for legist	
	_	×		and an advantage of the state o	Alteration (specify)	Accessory Building Addition/Alteration (specify)	Accessor			
256	333	W				Accessory Building (specify)	Accessor		- Wuncipal Use	
20%	26) 2	₩ ×	(Cleck	Addition/Alteration (specify)	Addition,	K		_
)	×			ite)	Mobile Home (manufactured date)	Mobile H			
	_	×	□ cooking & food prep facilities) (or cooking &	sleeping quarters,	Bunkhouse w/ (☐ sanitary, or ☐ sleeping quarters, or	Bunkhou			
)	×			rage	with Attached Garage			□ Commercial Use	_
2001000	_	×				with (2 nd) Deck				
	_	×				with a Deck				
		×			themselfthe that the second se	with (2 nd) Porch				
	_	×			TANKA MARINE MAR	with a Porch			Residential Use	1
		×	- de la constanta de la consta			with Loft				, -
)	×			shack, etc.)	Residence (i.e. cabin, hunting shack, etc.)	Residence			
	_	×			ture on property)	Principal Structure (first structure on property)	Principal			
Square Footage		Dimensions		.e	Proposed Structure			.	Proposed Use	
	Height:		Wan		Lengin:			3:	Proposed Construction	
	Height:		Width:	Address A.	Length:	r is relevant to it)	ng applied fo	permit be	Existing Structure: (if permit being applied for is relevant to it)	100
-	O O O O O O O O O O O O O O O O O O O									Γ
1			None			- 1				
			☐ Compost Toilet			☐ Foundation		Property	~~	
)	e contract)	☐ Portable (w/service contract)	□ None	i i i	☐ No Basement	ness on	□ Run a Business on		
	(min 200 gallon)	Vaulted (☐ Privy (Pit) or ☐ Vaulted (min 200 gallon)			🗴 Basement	Relocate (existing bldg)	lelocate (1
	DE (DAU	Specify Type:	X Sanitary (Exists) Spec	<u>پ</u> ج		□ 2-Story	n	□ Conversion	(5,000) To	4
Xwell	·e:	Specify Type:	(New) Sanitary S	□ 2	₹ Year Round	☐ 1-Story + Loft	▼ Addition/Alteration	\ddition/		Λ.
□ City			☐ Municipal/City	□ 1	□ Seasonal		truction	New Construction		
Water	tem y?	t Type of nitary Syste e property?	What Type of Sewer/Sanitary System Is on the property?	# of bedrooms	Use	# of Stories and/or basement	:C	Project	Value at Time of Completion * include donated time & material	andraigniges <u>A</u> lis
				-		-	f		X Non-Shoreland	

1			······································					r -	7			_
Owner(s): Music	am (are) responsible for the detail may be a result of Bayfield Count above described property at any re	Secretarial Staff			1100 0100 10000	Doo'd for Issuance		Wiunicipal Use				
1	i and accur by relying o easonable t	(including							Ā			
Owner(s): Summ Shibeoleans	am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering country ordinances to have access to the above described property at any reasonable time for the gurpose of inspection.	CIONAL STATE ALLURE TO OBTAIN A PERMIT or STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES AND CONTROL OF THE P	Other: (explain)	Conditional Use: (explain)	Special Use: (explain)		Accessory Building Addition/Alteration (specify)	Accessory Building (specify)	Addition/Alteration (specify) A &CV	Mobile Home (manufactured date)	Bunkhouse w/ (\square sanitary, $\underline{or} \square$ sleeping quarters, $\underline{or} \square$ cooking & food prep facilities)	4
ᄗ	issue a per	TES		((~ _\	- (X) ((
1/2/1 at	rmit. I (we) further accept liability which county ordinances to have access to the	omplete. I (we) acknowledge that I (we)	×	×)	×	· ·	×	2 × 3 ×)	, x2(c)	х)	x)	
1/4	cept liability which have access to the	wledge that I (we)						256	208			

of the ow er(s) a letter of authorization must accor application)

200

(If there are Multiple Owners

listed on the Deed All Owners

must sign or letter(s) of authorization must accompany this application)

24-

Derion Attach
Copy of Tax Statement V
operty send your Recorded Deec

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

(ax

19862

Feet

Feet

Feet Feet

	Hold For Sanitary:
Date of Approval:	Signature of Inspector: Michael Justal
	must be placed on spatiations on vent pipes.
t pipe covers	Condition(s):Town, Committee or Board Conditions Attached? "Yes "No-(If No they need to be attached!). Rocker of Chains must be placed on Signific tank. Vent
Date of Re-Inspection:	Date of Inspection: 10-3-IL Inspected by: 111/1. Fundal
Zoning District (A-() Lakes Classification (NH)	Metti all set hades. Well stated.
Af Yes □ No	Was Parcel Legally Created 女Yes □ No Were Property Lines Represented by Owner Was Proposed Building Site Delineated 分Yes □ No Was Property Surveyed
***************************************	Granted by Variance (B.O.A.) ☐ Yes No Case#: ☐ Yes X No Case#: ☐ Yes X No Case #:
Affidavit Required ☐ Yes	Is Parcel a Sub-Standard Lot Yes (Deed of Record) XNo Mitigation Required Yes Yes Yes Standard Lot Yes Yes
	Permit# 14-0376 Permit Date: 10-6-14
	Permit Denied (Date): Reason for Denial:
Sanitary Date: 6-93	Issuance Information (County Use Only) Sanitary Number: 171567 # of bedrooms: 3

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO: Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN

AUG 18 2014

Date:

Amount Paid: Permit #: 11-11-8

00.7\$

Bayfield Co. Zoning Dept.

Refund:

X Shoreland →		Section 3	1/4,	PROJECT LOCATION	Authorized Agent: (Pe	Contractor:	Address of Property:	Owner's Name: Da	TYPE OF PERMIT RE	Checks are made payable DO NOT START CONSTRU	INSTRUCTIONS: No permi
	☐ Is Property/Land within 300 feet of River, Stream (incl. Intermittent) Creek or Landward side of Floodplain? If yes—continue —▶	, Township 47 _ N, Range 8	1/4 Gov't Lot Lot(s)	· Tax Statement)	alf of Owner	33	108705 Long Lake Rd	+	TYPE OF PERMIT REQUESTED -> X LAND USE SANIT	Checks are made payable to: Bayfield County Zoning Department. DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.	INSTRUCTIONS: No permits will be issued until all fees are paid.
Pond or Flowage	, Stream (incl. Intermittent) If yes—continue —>	w Irown of:	CSM Vol & Page	<u>PIN:</u> (23 digits) 04 -	7 5 68-934 Agent Phone: A	218 428-5/23 P	HYON RIVE	Mailing Address: 2811 City Holg	☐ SANITARY ☐ PRIVY ☐	PPLICANT.	
Distance Structure is from Shoreline:	Distance Structure is from Shoreline:	River	Lot(s) No. Block(s) No.		Agent Mailing Address (include City/State/zip):	Plumber:	ITYON RIVEY, WI S4847	3811 City Heights Ad Ashland WIS4804 C82-9224	☐ CONDITIONAL USE ☐ SPI		_
oreline :	4	Lot Size	Subdivision:	Recorded Do			247	WI54	☐ SPECIAL USE ☐		retaile.
□ Yes	Is Property in Floodplain Zone?	Narrea Narrea	7 Fled	Document: (i.e. Property Ownership	Attached	Plumber Phone:		Telephon CSJ	🗆 в.о.д. 🗆 о		
□Yes	Are Wetlands Present?	Acreage 2.49	Flecks Ist L	Page(s) 637	Attached Ares Mo	Phone:		Telephone: 715 CSJ-9224	□ OTHER		

Proposed Construction:	Existing Structure					140,000 ×))		Value at Time of Completion * include donated time & material	Non-Shoreland	X Shoreland →	
uction:	Existing Structure: (if permit being applied for is relevant to it)		Property	☐ Run a Business on	☐ Relocate (existing bldg)	□ Conversion	X Addition/Alteration	☐ New Construction	Project		☐ Is Property/Land within 1000 feet of Lake, Pond or Flowage If yescontinue	☐ Is Property/Land within 300 feet of River, Stream (Ind. Intermittent) Creek or Landward side of Floodplain? If yes—continue —▶
	ris relevant to it)		□ Foundation	□ No Basement	☐ Basement	X 2-Story	☐ 1-Story + Loft	☐ 1-Story	# of Stories and/or basement		1000 feet of Lake, Ponc	1300 feet of River, Strea f Floodplain? If ye
Length:	Length:						💢 Year Round	☐ Seasonal	Use		Pond or Flowage If yescontinue>	Stream (incl. Intermittent) If yes—continue —>
				□ None		□ 3	X 2	C 1	# of bedrooms		Distance Struc	Distance Struc
Width:	width:	None	Compost Toilet	☐ Portable (w/service contract)	☐ Privy (Pit) or ☐ Vaulted (min 200 gallon)	X Sanitary (Exists) Specify Type: CONV	☐ (New) Sanitary Specify Type:	☐ Municipal/City	What Type of Sewer/Sanitary Syste is on the property?		Distance Structure is from Shoreline:	Distance Structure is from Shoreline : feet
Height:	Height:			ntract)	ulted (min 200 gallon)	cify Type: CONV	ify Type:		pe of ary System roperty?		□ Yes WNo	in one?
			J				₹ Well	_ City	Water		□ Yes XANo	Are Wetlands Present?

		Otter (cybiail)	
	~ ×		
	(x)	Conditional Use: (explain)	STATE OF THE STATE
	×	Special Use: (explain)	Rec'd for Issualice
		A CANADA	
	(X	Accessory Building Addition/Alteration (specify)	
	×	Accessory Building (specify) KECOMTIGUET BK	Municipal Use
270	(シイ×バル)	Addition/Alteration (specify) Family Koom, Studio Lati	<u> </u>
1115	×	Mobile Home (manufactured date)	
	×	Bunkhouse w/ (☐ sanitary, or ☐ sleeping quarters, or ☐ cooking & food prep facilities)	
	×	with Attached Garage	Commercial Use
	×	with (2 nd) Deck	
	X	with a Deck	
	×	with (2 nd) Porch	
	X	with a Porch	X Residential Use
	×	with Loft	
	×	Residence (i.e. cabin, hunting shack, etc.)	
	×	Principal Structure (first structure on property)	
Square Footage	Dimensions	Proposed Structure	Proposed Use イ
7			

FAILURE TO OBTAIN A PERMIT OF STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES

I (we) deligned to the permit of Authorized Agent: (If there are Multiple Owners listed on (If you are sig 150 S half of th 0 All Ov iers mu bove (s) a letter of authorization must accompany this application) animan gn or letter(s) of authorization must accompany this application) Attach
Copy of Tax Statement
If you recently purchased the property send your Recorded Deed Date Date 8-14-14

Owner(s):

Address to send permit

Hold For Sanitary: Hold For TBA:	Signature of inspector:	Condition(s): Town, Committee or Board Conditions Attached?	ts a	Was Parcel Legally Created XYes □ No Was Proposed Building Site Delineated XYes □ No	_	Lot		Issuance Information (County Use Only) Permit Denied (Date):	(9) Stake or Mark Proposed Locati NOTICE: All Land Use Pen For The Construction Of New One The local	Prior to the placement or construction of a structure more than ten (10) one previously surveyed corner to the other previously surveyed corner, marked by a licensed surveyor at the owner's expense.	Setback to Privy (Portable, Composting) Prior to the placement or construction of a structure within ten (10) feet of the min other presented corner or method who illnessed income at the owner's other presentations.	Setback to Septic Tank or Holding Tank	Setback from the West Lot Line Setback from the East Lot Line	Setback from the North Lot Line Q LC	Setback from the Centerline of Platted Road Setback from the Established Right-of-Way	Description	Please complete (1) – (7) above (prior to continuing) (8) Setbacks: (measured to the closest point)			of the			(5) Show: (6) Show any (*): (7) Show any (*):	(1) Show Location of: Propos (2) Show / Indicate: North ((3) Show Location of (*): (*) Driv	ow: <u>Draw</u> or <u>Sketch</u> yo
Hold For Affidavit:	whale	tached? Tres TNo-(If No they need to be attached.)			Previously Granted by \	(Deed of Record) (Fused/Contiguous Lot(s)) (SNo Mitigation Attached	Permit Date: 10-6-14	Sanitary Number: $06-146 \le 4$	NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun. For The Construction Of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code The local Town, Village, City, State or Federal agencies may also require permits.	ent or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line eyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner with gurveyor at the owner's expense.	Feet Fe	182	100 - Feet 20% Slope Area on pro	Feet	Feet	Measurement	point)	10ng Ck.	2- garage	THE Add.	16.8	104 88°	(*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/o (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond (*) Wetlands; or (*) Slopes over 20% (*) (A) (A) S1 (A)	sed Construction (N) on Plot Plan veway and (*) Frontage Road (Name Frontage Roa	slow. <u>Draw</u> or <u>Sketch</u> your Property (regardless of what you are applying for)
Hold For Fees: 1 X Steven Water Plan	Date Approval:	Date of Re-Inspection	Zoning District ($\overline{\Lambda}$) Lakes Classification ($\overline{\Delta}$)	Were Property Lines Represented by Owner Was Property Surveyed	-1	□ Yes XNo Affidavit Required □ Yes XNo Affidavit Attached □ Yes XNo		# of bedrooms: 3 Sanitary Date: 7-34-06	Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W). NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun. For The Construction Of New One & Two Family Dwelling: All Municipalities Are Required To Enforce The Uniform Dwelling Code. The local Town, Village, City, State or Federal agencies may also require permits.	the boundary line from which the setback must be measured must be visible from known corner within 500 feet of the proposed site of the structure, or must be	etback must be measured must be visible from one previously surveyed corner to the	27 Feet	регту 🛛 🕱 ү		Setback from the Lake (ordinary high-water mark) Setback from the River, Stream, Creek Setback from the Bank or Bluff Feet	Description Measurement	Changes in plans must be approved by the Planning & Zoning Dept.	18; Drain Field	To Superior	Bt	177 yoursil) Holding Tank (HT) and/or (*) Privy (P)	.	025/10 1.85° 0086 58xh1

exempt.

SUBMIT: <u>COMPLETED</u> APPLICATION, TAX Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN

Permit #: Date: Amount Paid: 10-0-14 14-03%

\$75

十年(80

-4175

INSTRUCTIONS: No permits will be issued until all fees are paid. Checks are made payable to: Bayfield County Zoning Department.

Refund:

SP 15214

	☐ Is Property/Land within 300 feet of River, Stream (ind. Intermittent) Creek or Landward side of Floodplain? If you continue →	Section 33 , Township 47 N, Range 8 W	1/4,1/4 Gov't Lot Lot(s)	PROJECT PROJECT PROJECT O4- LOCATION Legal Description: (Use Tax Statement) O4-	ition on behalf of Owner(s))	Contractor: Con	perty:	V Miles	Type Of Perivit Requested P S Laws On B Shirts	CONDITIONAL USE	O NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.
▼ is Property/Land within 1000 feet of Lake, Pond or Flowage	stream (incl. Intermittent)	Too	CSM Vol & Page	PIN: (23 digits) 04-074-7-47-08-	Agent Phone:	Contractor Phone: F	City/State/Zip:	1630 Mc Carry	iling Address:	BY PRIVY	LICANT.
Distance Structure is from Shoreline:	Distance Structure is from Shoreline:	HOOL 大心のう	Lot(s) No. Block(s) No.	17	Agent Mailing Address (include City/State/Zip):	Plumber:		64630 Mc Carry LKRY, Iron River WI	City/State/Zip:	CONDITIONAL USE SPECIAL USE	
•	<u> </u>	rot Size	TEGIL	Volume 1054	ļ			H	7.4845		
Z No □	Is Property in Are Wetlands Floodplain Zone? Present?	Acreage C	-	Document: (i.e. Property Ownership) 1054 Page(s) 653	Written Authorization Attached D Yes V No	Plumber Phone:		372-8376	Telephone:	☐ B.O.A. ☐ OTHER	
À ⊆ Nes	e Wetlands Present?			ership)	i ion			a)	`		

☐ Non-Shoreland						
Value at Time				#	What Type of	
of Completion * include	Project	# of Stories and/or basement	Use	of bedrooms	Sewer/Sanitary System Is on the property?	Water
donated time &			The state of the s			
2	▲ New Construction	↑ 1-Story	☐ Seasonal	1		City
	3	☐ 1-Story + Loft	🗡 Year Round	□ 2	\mathcal{T}_{Γ}	×well
000,000	☐ Conversion	☐ 2-Story		3	X Sanitary (Exists) Specify Type: Con V 42/1	Ţ
	☐ Relocate (existing bldg)	☐ Basement			Privy (Pit) or Vaulted (min 200 gallon)	
	Run a Business on	□ No Basement		X None	☐ Portable (w/service contract)	
	Property	☐ Foundation			☐ Compost Toilet	
					None	
Existing Structur	Existing Structure: (if permit being applied for is relevant to it)	r is relevant to it)	Length:		Width: Height:	
Proposed Construction:	uction:		Length:		Width:	

If yes---continue

Distance Structure is from Shoreline:

□ Yes

	~ ~				
					•
Footage	Difficiliations		Proposed Structure		Proposed Use
square	Dimonsions				All the state of t
			- CO		Proposed Construction:
	ייים מייני	Width:			
				C. O. C.	EXIDERS OF ACCOUNTS AND STREET
		weight.	Lengin:	heing applied for is relevant to it)	Existing Structure: (if permit being applied for is relevant to it)

				Square
Proposed Use	<	Proposed Structure	Dimensions	Footage
1100		Principal Structure (first structure on property)	×	
	- -	Residence (i.e. cabin, hunting shack, etc.)	×	
		with Loft	×	
		with a Doroh	×	_
X Residential Use		with a Porch		
		with (2 nd) Porch	×	
		with a Deck	×	
1		with (2 nd) Deck	×	
☐ Commercial Use		with Attached Garage	×)
		Bunkhouse w/ (□ sanitary, or □ sleeping quarters, or □ cooking & food prep facilities)	×	
		Mobile Home (manufactured date)	×	
	□	Addition/Alteration (specify)	×	
☐ Municipal Use	×	Accessory Building (specify) GQ/QQC	(dux)	DAY (
Rec'd for Issuance		Accessory Building Addition/Alteration (specify)	X)
olii man				
	⊒Ī	Coprial I (co. (aynlain)	×)
4		Conditional Use: (explain)	×)
Secretarial Staff		Other: (explain)	×	

FAILURE TO OBTAIN A PERMIT or STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information, I we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County which simformation I (we) am (are) providing in op-with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described propertival any passonable time for the purpose of inspection. ()

Address to send permit (If you are signing on behalf of the Same 25 owner(s) a letter of authorization must accompany this application) Owner(s)X

(If there are Multiple Owner,

Authorized Agent:

Date 0 10

eed All Owners must sign or letter(s) of authorization must accompany this application)

Copy of Tax Statement Copy of Tax Statement of You recently purchased the property send your Recorded Deed

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense. Setback from the Centerline of Platted Road Setback from the Established Right-of-Way Issuance Information (County Use Only) Setback to Privy (Portable, Composting)

Prior to the placement or construction of a structure within ten (10) feet of the mather previously surveyed corner or marked by a licensed surveyor at the owner's Setback to Septic Tank or Holding Tank
Setback to Drain Field Setback from the Setback from the Woll Granted by Variance (B.O.A.)

☐ Yes X-No Permit Denied (Date): Signature of Inspector: Condition(s):Town, Date of Inspection: Inspection Record: Setback from the North Lot Line となられての Is Parcel a Sub-Standard Lot Is Parcel in Common Ownership Is Structure Non-Conforming Was Parcel Legally Created Was Proposed Building Site Defineated Please complete (1) - (7) above (prior to continuing) May Mo Stoken (2) (3) (4) (4) (5) (5) (7) -038C Show Location of:
Show / Indicate:
Show Location of (*): e South Lot Line
e West Lot Line
e East Lot Line Show any (*): Show any (*): Show: Show: Setbacks: (measured to the closest point) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W) NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun. For The Construction Of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code The Construction Of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code The Construction Of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code Description Draw or Sketch your Property (regardless les uses -17-14 Meeta Case #: Mac □ Yes (Deed of Record) ______ □ Yes (Fused/Contiguous Lot(s)) □ Yes Lake X Yes X Yes (*) Driveway and (*) Frontage Road (Name Frontage Road)
All Existing Structures on your Property
(*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)
(*) Lake; (*) River; (*) Stream/Creek; or (*) Pond
(*) Wetlands; or (*) Slopes over 20% Proposed Construction North (N) on Plot Plan al human 9ns Attached? 0 res □ □ **□** See sofbech Sanitary Number: inspected by: Reason for Denial: Permit Date: Measurement 701 holia 2 of what you are applying for) S attachment michie Feet Feet Feet 8 8 8 X X X Z Feet Feet Feet Feet TIF No they need to be attaghed.) Mitigation Required Mitigation Attached Previously Granted by Variance (B.O.A.) Setback from Wetland
20% Slope Area on property
Elevation of Floodplain Setback to Well Were Property Lines Represented by Owner
Was Property Surveyed Setback from the River, Stream, Setback from the Bank or Bluff Setback from the Lake (ordinary high-water mark)
Setback from the River, Stream, Creek dary line from which the setback must be measured must be visible from one previously surveyed corner to the F Changes in plans must be approved by the Planning & Zoning Dept. # of bedrooms: XYes Description 2 □ □ 8 8 blodg nesseus in stru Affidavit Required Affidavit Attached XYes Lakes Classification Zoning District Sanitary Date: Date of Re-Inspection Date of Approval ≳ □ Yes N A Measurement XYes XYes Feet No □ No O O Feet Feet

Feet

Hold For Sanitary:

Hold For TBA:

Hold For Affidavit:

Hold For Fees:

×

5000

DO YOU WHITE M

3,5

Chaush

ググ

easement rd C D.F 4:0 1304 Savage well OHWM 300' of Lake frontage Lake

TUMIT: COMPLETED APPLICATION, TAX

Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN

Z Z N 22014

Refund: \$1185 S6-14 \$185 S6-14

ledge that I (we) pt liability which we access to the	t and complete. I (we) acknowledge that I (we) e a permit. I (we) further accept liability which tering county ordinances to have access to the	TES orrect and issue a po inistering	AIT WILL RESULT IN PENALT rowledge and belief it is true, co unty in determining whether to unty officials charged with adm	ITHOUT A PERAVINEST of my (our) known by Bayfield Countries we) consent to countries we)	ING CONSTRUCTION Wand to the Lond that it will be relied upon with this application. I (v	FAILURE TO OBTAIN A PERMIT or STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administe	FAILURE TO- ling any accompanyli curacy of all informa- ig on this information	cation (includication (includication)	I (we) declare that this appli am (are) responsible for the may be a result of Bayfield	-
	x)					plain)	Other: (explain)		Secretarial Staff	***************************************
	×	(Conditional Use: (explain)	Conditiona			
WATER THE PROPERTY OF THE PROP	×	7				Special Use: (explain)	Special Us			
	,			-Washington and British and Br	neration (specify)	Accessory building Additionly After anon	Accessory		Rec'd for Issuance	
	×					Building (specify)	Accessory Building			
***************************************		_				Addition/Alteration (specify)	Addition/.		Minicipal	
	х)				e)	Mobile Home (manufactured date)	Mobile Ho			
THE STATE OF THE S	x)		& food prep facilities)	or a cooking &	sleeping quarters, <u>c</u>	Bunkhouse w/ (□ sanitary, or □ sleeping quarters,	Bunkhous			
	×	_)ge	with Attached Garage		е П	🖄 Commercial Use	
	x)	-	the state of the s			with (2 nd) Deck				
	x ;	7				with a Deck	++m-trebebeblischenberebendenstransminneren untfalle erbenen			
	×	1			ed grand and an extraord state.	with (2 nd) Porch				
1	< ×					with Loft			Residential Use	
0124	×		9	1 1	hack, etc.)	(i.e. cabin, hunting shack, etc.)	Residence (i.e.			
Footage タンパタ	Dimensions O' × 104')	(80, Dim	Store	Refail	Proposed Structure ture on property)	Proposed Structu Principal Structure (first structure on property)	Principal 5	 * \	Proposed Use	, .
										···· ·
PA A N	Height:		Width: NA	حبر - -	Length: 以本	r is relevant to it)	eing applied for	f permit be on:	Existing Structure: (If permit being applied for is relevant to it) Proposed Construction:	
			I					***************************************		, <u>.</u>
		*	☐ Compost Toilet			Foundation		Property	-	
	contract)	vice co	1 1	X None		☐ No Basement	Run a Business on	Run a Bu		
	Vaulted (min 200 gallon)	U Va			***************************************	☐ Basement	Relocate (existing bldg)	Relocate		
	Specify Type:		- 1			2-Story + Core) Aires across	Conversion	ا انـــــــــــــــــــــــــــــــــــ	
∠ City	ify Type:	1	X Municipal/City ☐ (New) Sanitary) <u> </u>	☐ Seasonal	X 1-Story	New Construction	New Con		
Water	What Type of Sewer/Sanitary System Is on the property?	What Ty er/Sanita on the pr		# of bedrooms	Use	\$2.00 map to \$100 map to \$2.00	Project (What are you applying for)	Pro What are you		
									Value at Time	
>	72,100	Ieer			Section 1				K	
Present? ☐ Yes X No	Floodplain Zone? ☐ Yes ☐ No	feet ne:	is from Shorelir	Distance Str	If yescontinue If yescontinue	Creek or Landward side of Floodplain? ☐ Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes—continue —	andward side o	reek or La	Shoreland —	
Are Wetlands	ls Property in	ē:	is from Sho	Distance Structure	IM (incl. Intermittent)	1 300 feet of River, Strea	ty/Land within	ls Proper		
42 m	193 Sf 1.9.	1 1 70	JS :	Siver	2 si	N, Range 8 W	4	_ , Township	Section	
A		Supulvision	pioca(s) ivo:	souls) wo		55 KAI	Cox	1/4	NE 1/4, SE	
1 () ()	132	Volume_	0 - 1600 0051	07-4 01-000	47.08-	ratement) 04-		Legal Description:		
□ No perty Ownership)	Recorded Document: (i.e. Property	corded	P. 12758	Rogers, AR	479.878.3670 Puni: (23 digits)			787	Amy Miles,	
Written Authorization	Written	δ _{(Zip):}	Agent Mailing Address (include City/State/Zi	gent Mailing A		- 1	· 👼	n Signing Appl	zed Agent: (
Plumber Phone:	Plumbei			Plumber:	Phone:	<u> </u>			Contractor:	
			64847	1	2	USPS to gration I non	USRS to	100 mm		
Cell Phone:		2000	Chicago, 12 4	Str. 1007 (City/State/Zip:	E	NVA WISCOBIN US 2		Address of Property:	
ne:			Zip:		g Address:			• •	Owner's Name:	
OTHER	□ в.о.д. □	LUSE	AL USE SPECIAL U	CONDITIONAL USE	□ PRIVY	USE SANITARY	▼ X LANE	UESTED-	TYPE OF PERMIT REQUESTED X LAND USE	·
nty.org/zoning/asp)	website www.bayfieldcounty.org/zoning/asp)	ur webs	HOW DO I FILL OUT THIS APPLICATION (visit our	W DO I FILL OUT	S S	INSTRUCTIONS: No permits will be issued until all fees are paid. Checks are made payable to: Bayfield County Zoning Department. DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.	ed until all fees a ounty Zoning Dep UL PERMITS HAV	will be issue Bayfield Co	NSTRUCTIONS: No permits thecks are made payable to Do NOT START CONSTRUCT	
			J		300000000000000000000000000000000000000	Francisco Francisco Services	COMPANY CONTRACTOR	The state of the s		
11 mm - 20 mm	化的形式多面医医外外的经济主要					_	THE STATE OF STATE OF THE STATE	•		

S.	
	1
****	5
-	1
n	7
ũ	1
Ö	ì
>	į

Address to send permit Norwood Conne

Corningerzial

Ontractors

Authorized Agent: (If you are signing on behalf of the owner(s) a letter of authorization must accompany this application) Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application) Date

п	14 14 17 17 17 18
	to the first
	0
	Ω
	S
	S
	ç Ç
	Copy
	Сору
	Copy
	Сору о
	Copy of
	Copy of
	Copy of
	Copy of T
	Copy of Ta
	At Copy of Ta
	Att Copy of Tax
	Copy of Tax
	Atta Copy of Tax !
	Attac Copy of Tax S
	Attac Copy of Tax St
	Attack Copy of Tax Sta
	Attach Copy of Tax Sta
	Attach Copy of Tax Stat
	Attach Copy of Tax State
	Attach Copy of Tax State
	Attach Copy of Tax Stater
	Attach Copy of Tax Staten
	Attach Copy of Tax Statem
	Attach Copy of Tax Stateme
	Attach Copy of Tax Stateme
	Attach Copy of Tax Statemer
	Attach Copy of Tax Statement

4-21-14

214 Park Street - Cord TO WAGNER If you recently purchased the property send your Re
Bansarwitte, IL ABBIDGENT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE
NIKKI @ NOQUOOD COMMERCIAL

Please complete (1) - (7) above (prior to continuing)

Changes in plans must be approved by the Planning & Zoning Dept.

(8) Setbacks: (measured to the closest point)	est point)					
Description	Measurement	ant .		Description	Measurement	tht
RO 85+ 10011+						
\circ	25	Feet	S	Setback from the Lake (ordinary high-water mark)	スプ	Feet
Setback from the Established Right-of-Way	304	Feet	S	Setback from the River, Stream, Creek	Z	Feet
			S	Setback from the Bank or Bluff	Z	Feet
Setback from the North Lot Line US (2 Row	4 9 (3)	Feet				
Setback from the South Lot Line 1. 1. Store	າພ . (ອ⊅ †	Feet	S	Setback from Wetland	Z	Feet
Setback from the West Lot Line Plated Kood	, H	Feet	S	Setback from 20% Slope Area	7.3	Feet
Setback from the East Lot Line	õ	Feet		Elevation of Floodplain	Z	Feet
		site.				
Setback to Septic Tank or Holding Tank	Z D	Feet	S	Setback to Well	7	Feet
Setback to Drain Field	Z.A	Feet		A CAMBRIDA C		
Setback to Privy (Portable, Composting)	Z >	Feet				-
Prior to the planement or construction of a structure within ten (10) feet of the minknum required setback, the boundary line from which the setback must be measured must be	f the minimum required	setback, the	bound		visible from one previously surveyed corner to the	ner to the

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

other previously surveyed comer or marked by a licensed surveyor at the owner's expe

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.
For The Construction Of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code
The local Town, Village, City, State or Federal agencies may also require permits.

		Hold For Fees:	And the state of t	Hold For Affidavit:	Hold For TBA:	Hold For Sanitary:
)~8-14	Date of Approval: 8-14				where tutels	Signature of Inspector:
					1 15 1 1	
			No they need to be attache	□ Yes □ No –(If]	ard Conditions Attached?	Condition(s):Town, Committee or Board Conditions Attached? Tyes INo (If No they need to be attached.)
ction:	Date of Re-Inspection:		tatala	Inspected by: $MI + M$	Inspe	Date of Inspection: 10-7-14
	Zoning District (Lakes Classification (Z.		cless.	et all sethe	Inspection Record: Meets all satiracles
□ No	¥Yes ¥Yes	Were Property Lines Represented by Owner と Was Property Surveyed と	Were Property Lines R W		ed XYes □No	Was Parcel Legally Created Was Proposed Building Site Delineated
		ariance (B.O.A.) Case #:	Previously Granted by Variance (B.O.A.)			Granted by Variance (B.O.A.) (Ase X.No Case #:
□Yes X.No □Yes X.No	Affidavit Required Affidavit Attached	□Yes X No Affi □Yes X No Affi	Mitigation Required Mitigation Attached [M M No	☐ Yes (Deed of Record)	Is Parcel a Sub-Standard Lot Is Parcel in Common Ownership Is Structure Non-Conforming
			1-8-14	Permit Date: 10 - 0	Permi	Permit#: 14-0380
				Reason for Denial:	Reaso	Permit Denied (Date):
	Sanitary Date:	# of bedrooms:	CH #0	Sanitary Number:		Issuance Information (County Use Only)

